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ABSTRACT

Early, unplanned childbearing is often harmful for young fathers as well as for young mothers, their children, and society. The development of policies and programs for males who are at risk of becoming or who have already become fathers to children of teenage mothers should recognize and address the needs of young males as well as those of women, children, and taxpayers. This report suggests the following criteria for the continuing development of these policies and programs: (1) they should be concerned with the economic empowerment of the disadvantaged; (2) they should be developmentally appropriate in their services and demands; and (3) they should show explicit concern for issues of sex equity. The report recommends that these criteria be applied in the following three areas: (1) prevention of unwanted pregnancies; (2) child support; and (3) services for young fathers. Research and interventions are summarized for each area. Strategies discussed include the following: (1) promoting easy access to contraception; (2) addressing needs for education, training, and employment; and (3) developing curricula and staff training methods explicitly to help young fathers participate in various aspects of child rearing and share responsibility for planning and raising families. Statistical data in five tables are included. Endnotes and an 80-item reference list are appended. (AF)

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THE MALE ROLE IN TEENAGE PREGNANCY AND PARENTING: NEW DIRECTIONS FOR PUBLIC POLICY

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THE STUDY GROUP ON THE MALE ROLE IN
TEENAGE PREGNANCY AND PARENTING

Vera Institute of Justice, Inc.

VD 027 752

**The Male Role in Teenage Pregnancy and Parenting:
New Directions for Public Policy**

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The Study Group on the Male Role in Teenage Pregnancy and Parenting was funded by the Ford Foundation and held six meetings during 1985 and 1986. Members of the group met again in 1987 to discuss an early draft of this report and have since reviewed subsequent drafts.

The Study Group was conceived and funded as part of a larger grant to the Vera Institute of Justice that also supported ethnographic research on young fathers directed by Mercer Sullivan. Preliminary results of that research raised a number of complex policy questions that indicated a need for further articulation and study. The Study Group was formed in an effort both to inform the ongoing research and to bring together a number of experts with different viewpoints and experiences in order to stimulate further thinking about these questions. The final membership of the group included a cross-section of academics, service providers, and policymakers. This paper reports the results of the group's discussions.

The Study Group was one of a number of projects sponsored by the Ford Foundation that have contributed to knowledge and the development of practice in this field. The first of these efforts was the Teen Father Collaboration, a national demonstration program operated by the Bank Street College of Education in the early 1980's. Since then, the Ford Foundation has sponsored the ethnographic research of Mercer Sullivan and research on child support by Esther Wattenberg.

We hope that this report will aid in the development of an expanding field that is still at an early stage of development and is experimenting in its search for solutions to the problems we discussed.

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A Complex Problem in a Changing Society

Pregnancy and childbearing among teenage females frequently have serious adverse consequences for the mothers, their children, and society. In response to these problems, a number of policies and programs have evolved that provide services intended to prevent unintended early pregnancies among young women and to provide services for young mothers and children that help them to cope with the difficulties they encounter. In the past few years, attention has also begun to focus on the male role in teenage pregnancy and parenting.

Once neglected by researchers, policymakers, and social service providers, males who have fathered or who are at risk of fathering children born to young mothers are now the subjects of growing interest. Some research on their patterns of sexuality, contraceptive use, decision-making, and parenting has begun to emerge at the same time as a growing number of social policies and programs have started to address their reproductive health needs and their responsibilities, rights, and difficulties in assuming parental roles of nurture and support.

In recognition of the challenges posed by these efforts to understand and respond to young males as sexual beings and as fathers or potential fathers, a group of researchers, policymakers, and practitioners assembled to explore the emerging issues of social policy and service delivery in this field. This paper grows out of our discussions and is intended to contribute to further development of policy and programs. While we have not reached definitive conclusions on all the issues, we were able to raise in one forum a number of related concerns that have not previously been brought together in one place.

Since we began our efforts in 1985, we have witnessed an expansion of knowledge and programs in this field. This paper incorporates some of those new developments into a discussion of the core issues with which we grappled and which continue to present significant challenges.

Teenage pregnancy and parenting impose significant costs on young families and on the rest of society. These costs are seen most directly in the high proportions of poor, welfare-dependent families started while the mothers were in their teens. We are also beginning to realize that the males who are the sexual partners of pregnant teenagers and the fathers of their children tend not to be faring very well in the development of positive and productive adult roles. Teenage pregnancy and early childbearing are problems primarily because they grow out of and reinforce poverty, among males as well as among females.

Any comprehensive anti-poverty strategy must address the male role in teenage pregnancy and parenting. Reaching those males most at risk makes it necessary to recognize and deal with the barriers to supporting families, which they face in the transition from schooling to jobs. Most of the recent programmatic initiatives seeking to involve males in the prevention of unwanted early pregnancy and in the nurture and support of children born to young mothers have attempted to empower them economically by helping them with education, training, and employment.

Responding to the male role in early pregnancy and childbearing is a complex undertaking. Rapid social changes are transforming gender and parenting roles at the same time as the economic prospects of most poor and minority youth are becoming progressively bleaker. The emergence of the male role in teenage pregnancy and parenting as the source of serious concern is the result of a series of changes in sexual behavior, marriage patterns, gender roles, the transition from adolescence to adulthood, the structure of economic opportunity, and the integration of racial and ethnic minorities into the social and economic mainstream. The AIDS epidemic adds further urgency to concern with male sexual behavior.

While much of the recent attention to males has been prompted by a growing realization of the extent of persistent poverty among families formed as a result of out-of-wedlock childbearing by young women, closer attention to the males at risk of becoming absent fathers reveals that they too tend to be poor and likely to remain so. The need for attention to the male role in teen pregnancy must be understood in relation both to poverty among women and children and to poverty among males.

Teenage Pregnancy, and Poverty among Women and Children

Teenage pregnancy and childbearing have become matters of heightened national concern over the past three decades because of the strong association of early out-of-wedlock childbearing with poverty and welfare dependency. The chances that a mother will enroll for Aid to Families with Dependent Children (AFDC) decrease steadily as the age at which she first gives birth advances through the teen years into adulthood.¹ Unmarried mothers in their teens without a high school education who enroll for AFDC are also likely to remain on the welfare rolls much longer than those who are in their twenties, have a high school education, and enroll for AFDC after becoming divorced.²

This strong relationship of early, out-of-wedlock childbearing among teens to poverty among women and children has increased over time, as the result of a complex set of social changes. Prior to the 1960's, sexual activity among teenagers was more rigidly proscribed, abortions were illegal, and pregnant teenagers tended either to give up their children for adoption or to legitimate the births by marriage. Although rates of out-of-wedlock childbearing were higher for blacks than for whites in this earlier period, substantial changes have occurred among all racial and ethnic groups in patterns of teenage sexual activity, abortion, and out-of-wedlock childbearing.

Although many people think that the birth rate among teenagers is higher than in the past, that is not the case. What

has changed is that childbearing teenagers are far less likely to get married than previously.

Sexual activity and pregnancies among teenagers have increased over the past generation,³ but unmarried teenagers are actually less likely to give birth than in the past, largely as the result of an increase in abortions since the legalization of abortion in 1973.⁴ The proportions of births to teenagers that occur out-of-wedlock, however, have increased dramatically. Between 1960 and 1987, the proportion of all first-born babies born out-of-wedlock to mothers aged 15-19 nearly tripled, from 22.4% to 64%.^{5,6} This trend has triggered heightened public concern, since young, unmarried mothers and their children are so much at risk of being poor and dependent on public welfare.

The decline in marriage among childbearing teenagers has occurred across society, yet patterns of childbearing and marriage differ substantially among population groups. These group differences point strongly to the influence of economic opportunity on decisions to bear children and to marry. Rates of out-of-wedlock childbearing among teenagers are higher among economically disadvantaged racial and ethnic minorities than among whites, although the sharpest increases have been among whites.⁷ During the 1970's, the proportion of out-of-wedlock births among white childbearing teenagers increased by 65% for those aged 15-17 and by 40% for those aged 18-19. Among black teenagers, the proportion of out-of-wedlock births actually declined slightly during this same period. Out-of-wedlock childbearing among black teenagers, however, has occurred and continues to occur at much higher rates than among white teenagers, about ten times as high in 1970 but declining to about five times as high by 1981 as marriage decreased for white teenagers who gave birth.⁸ Yet, because married black teenagers are much less likely to give birth than in the past, the overall proportion of out-of-wedlock births among all births to black teenagers has continued to increase.⁹

Trends in marital and nonmarital teenage birth rates among Hispanics are not as well documented, but data from 1980 to 1985 also show an increasing proportion of out-of-wedlock births among childbearing Hispanic teenagers.¹⁰ There is also

substantial variation among different Hispanic groups, with higher proportions of out-of-wedlock childbearing among Puerto Ricans, who are the most economically disadvantaged Hispanic group, than among Mexican-Americans and Cuban-Americans. In 1984, the percentages of teenage births in the United States that were nonmarital were 39% for whites, 38% for Cuban-Americans, 43% for Mexican-Americans, 73% for Puerto Ricans, and 90% for blacks.¹¹

This decline in marriage among childbearing teenagers has been associated with a significant deterioration in the well-being of young mothers and their children, since families in which the father is officially absent are far more likely to be poor than married-couple families.¹² Childbearing by never married teenagers has been a major contributor to the dramatic increases in female-headed households that have taken place since 1960. Households headed by never married women have been increasing at a far greater rate than those headed by divorced, separated, or widowed women.^{13,14}

The relation of early pregnancy to poverty is one both of consequence and of reinforcing cause, between and within different population groups. The poorest population groups are those in which rates of early, out-of-wedlock childbearing are the highest. Poverty rates as well as rates of early, out-of-wedlock childbearing are highest among blacks, lower among Hispanics, and still lower among whites. At the same time, the association between early age of childbearing and subsequent poverty holds true within each racial and ethnic category.¹⁵ Even when controlling for prior economic circumstances, early childbearing has additional negative consequences for subsequent economic well-being among women, primarily because early childbearers are more likely to cut short their schooling and to have more children.¹⁶

The relationship between early childbearing and poverty among women and children is thus one in which causation flows both ways: rates of out-of-wedlock childbearing are higher among economically disadvantaged populations; yet, even within disadvantaged populations, those who postpone childbearing are less likely to continue to be poor than those who do not.

These trends tell a grim story about the changing fortunes of women and children. As marriage has declined, early out-of-wedlock childbearing has become an increasingly significant predictor of poverty, welfare dependency, and the various health and other hazards associated with poverty. It is the decline in marriage rather than changes in sexual activity or fertility rates that is most significantly correlated with the increasing proportion of poor families headed by females who were early childbearers.

The association between the decline in marriage and poverty among women and children has prompted much of the renewed attention to males. Yet, the question of why young males are fathering children outside marriage quickly becomes a broader inquiry into other aspects of their lives. The decline of marriage, especially among the young and economically disadvantaged, has occurred at the same time as the ability of young males to support families has seriously eroded. The changing attitudes and behaviors of males regarding sexuality, marriage, and parenthood are most usefully examined in the context of the changing opportunities they confront as they move from adolescence to adulthood.

A New Focus on Young Males

Although sexuality and parenting have been studied more extensively among young women, existing data on young males do point to three important issues for emerging policies and programs. First, economically disadvantaged males appear to be at much higher risk than other males of becoming involved in unintended pregnancies, becoming absent fathers, and suffering further disadvantage as a consequence of these events. Second, the males most at risk vary a great deal, particularly in their developmental readiness for assuming the responsibilities of sexual relationships and parenthood. Third, these males are confronting pregnancy and parenthood at a time when gender and parenting roles throughout society are undergoing rapid change, with women often bearing a disproportionate share of the burdens of childrearing.

As a result, policies and programs directed towards males must address the issues of:

- * economic empowerment of the disadvantaged;
- * the developmental appropriateness of interventions; and
- * sex equity.

These three issues are discussed here, first in relation to the changing situation of young males and then in relation to interventions which seek to involve males in preventing unintended pregnancy and to improve the participation of young fathers in caring for and supporting their children.

Economic empowerment. The decline in marriage among childbearing teenagers has occurred at the same time as changes in the structure of the economy that have reduced the ability of young males to support families. These economic changes have undercut the ability of young males to perform successfully the breadwinner role that had been central to the place of males in the family structure. Because of the effects of this economic distress on families, the economic empowerment of young men is a central concern for programs and policies dealing with the male role in teen pregnancy and parenting.

National economic stagnation severely reduced the real earnings of young men during the 1970's and 1980's — the same period during which marriage and marital childbearing declined so precipitously.¹⁷ The mean real earnings of all young men aged 20-29 in 1986 had declined by 19.4% from the earning levels of young men of those ages in 1973. This decline was even sharper, 25.8%, for those between the ages of 20 and 24. At both the beginning and end of this period, young whites had much higher overall earnings than their minority peers. Among minorities, Hispanic males had earnings that were higher than those of black males, though lower than those of non-Hispanic white males, throughout this time period. But those who were of minority status or had low educational attainments suffered even sharper declines over this period than others. For white, non-Hispanic high school dropouts the decline in real earnings was 38.4%; for Hispanic dropouts it was 28%; and black, non-Hispanic drop-outs saw their earnings decline fully 50.9%.¹⁸

The decreasing ability of young males to support families has been cited by a number of observers as a crucial element in the increasing tendency of childbearing teenagers and their male partners to refrain from marriage.¹⁹ These trends focus attention on the economic empowerment of the disadvantaged, both males and females, as an important dimension of efforts to fight the poverty associated with early, out-of-wedlock childbearing. Education, training, and employment are crucial elements of most current strategies to prevent unwanted early pregnancy and to support young parents.

Developmental factors and males at risk. Although economic trends are a crucial part of the context in which young males confront sexuality and parenthood, economic data by themselves do not tell us which young men are most at risk of involvement in unintended pregnancies, early fatherhood, and absent fatherhood. Both data on sexuality and contraception and data on young fathers help to define the population at risk of involvement in unwanted pregnancies. A closer look at data on young fathers helps define the population at risk of becoming early and absent fathers. All of these data reaffirm that economic disadvantage leads to a high risk of involvement in unintended pregnancies, early fatherhood, and absent fatherhood. In addition, they show that those in these at-risk groups are quite diverse, particularly in their psychosocial development.

Most young males are at some risk of involvement in the pregnancies of teenage females. National survey data on sexual activity among young males indicate that a clear majority become sexually active in their teens. A national survey conducted in 1988 found that 89% of males had become sexually active by the age of 19.²⁰ Since no method of contraception is foolproof, it is clear that the majority of young males are at some risk of involvement in pregnancies while still teenagers. Some smaller studies of inner-city black males have found even younger mean ages of first intercourse, around 12 years of age, indicating that in some sub-populations risk of involvement in pregnancy begins almost at puberty.²¹

Males beyond their teens are also at risk of becoming involved in sexual relationships with teenage females which

lead to unwanted pregnancies. Vital statistics on the fathers of children of teen mothers suggest that many or most of the fathers of children born to teen mothers are in their early twenties. In 1985 there were 476,485 births to mothers between the ages of 15 and 19 in the United States. Eighteen percent of the fathers were aged 15-19; 35% were aged 20-24; 9% were aged 25 or older; and fully 37% were unidentified.²²

These data indicate a very wide developmental range, from early adolescence to young adulthood, in the population of sexually active males who are at some risk of involvement in pregnancies among teenage females. This wide developmental range poses significant challenges for interventions designed to involve males in the prevention of unintended teenage pregnancies, since such interventions need to reach males in junior high school, high school, and college as well as those who are already out of school. Different strategies are needed for reaching these diverse groups.

Not all males in this wide age range are equally likely to be involved in unplanned pregnancies with teenage females. As is the case with females, those males who are economically disadvantaged are more likely to engage in early sexual activity²³ and to become involved in early and absent fatherhood.²⁴ Research on these issues is discussed in more detail below with reference to pregnancy prevention efforts and policies and programs dealing with young fathers. From a developmental perspective, it is important to note here that early fatherhood is itself a negative developmental experience for many young men, adversely affecting them psychologically and in their careers. This fact is evident in a number of studies which compare young fathers with their non-father peers.

Differences between young males who do and do not become early and absent fathers have been examined in psychological studies and national sample surveys. These studies indicate that the differences have more to do with social differences between middle-class and disadvantaged groups than with individual psychological makeup. Attempts to find systematic psychological differences between teenage fathers and their non-father peers, apart from the psychological damage associated with the event of unplanned pregnancy, have been

generally unsuccessful. A number of studies have attempted to contrast the two categories with regard to a wide variety of standard psychological variables, including locus of control, impulse control, sexual attitudes, family attitudes, and coping styles. Very few differences have been found.²⁵

National survey data, in contrast, do reveal a number of social and behavioral differences between young males who do and do not become fathers or absent fathers. With young fathers, as with young mothers, the relationship of economic disadvantage to early parenthood is one both of cause and of reinforcing consequence. Poverty and minority status are associated with a greater likelihood of early fatherhood and early absent fatherhood. Other predictive factors include early initiation of sexual activity, and problems in school and in the labor market prior to becoming a father.²⁶

These data also indicate that early fatherhood is associated with prior as well as subsequent disadvantages. That is, the event of early fatherhood appears to further disrupt the already troubled early careers of young males who experience it. Even within racial and ethnic categories, young males who become fathers as teenagers tend to have more school and labor market difficulties both before and after becoming fathers.²⁷

The extent to which fatherhood disrupts a male's career depends partially on whether he accepts responsibility by marrying or living with the mother. For example, teen fathers whose children are conceived in marriage have higher drop-out rates than either non-fathers or fathers whose children are conceived out of wedlock.²⁸ Although early parenthood impedes educational and occupational success for males, it does not do so to the same extent as for females, probably because the consequences are not as inevitable for males, depending on whether or not they accept responsibility for their children.²⁹

Clinical studies of adolescent fathers reinforce the finding that early fatherhood is itself a stressful event with negative consequences for young males. Many experience depression and anxiety over concerns including the health of the mother and child, their relationship with the mother, loss of their personal freedom and leisure time, and their own abilities to complete school and find employment.³⁰

Both the low school achievement rates of young married fathers and the clinical findings of depression among fathers still in their teens call attention to the importance of developmental factors for programs and policies directed to young fathers. Young males who become fathers while still in their teens are faced with the choice of either avoiding paternal responsibilities or attempting to face such responsibilities at the same time as they cope with the developmental tasks of adolescence, school completion, and labor market entry. Males in their twenties who father children by teenage mothers may be more psychologically mature than fathers still in their teens but many of them are still insecurely established in the labor market.

These findings indicate that programs and policies designed to deal with sexuality and parenting among young men need to be sensitive to developmental factors in two ways: first, they need to take account of the wide range of developmental stages among young men at risk of involvement in early, unplanned pregnancy and parenthood; second, these programs and policies are important not only for addressing the problem of poverty among women and children but also for meeting the needs of young men themselves, for whom early, unplanned parenthood is often a developmentally damaging experience.

Sex equity. Changes throughout society in gender and parenting roles pose a third challenge, that of sex equity, to the design of policies and programs dealing with the male role in teenage pregnancy and parenting. Bringing the disadvantaged into the mainstream is a particularly difficult task when the mainstream itself is changing rapidly. It is one thing to note that the abilities of young, non-college-educated males to perform traditional breadwinning roles have eroded and quite another to propose solutions at a time when the household pattern of male breadwinner and female childrearer is becoming less common throughout society.

Women have increasingly been bearing the brunt of the difficulties involved in trying to both support and care for children. This trend is apparent, for both poor and non-poor women, in changed patterns of marriage and household structure and in patterns of labor force participation. The decline in

marriage and the increase in female-headed households have been occurring throughout society, not just among young families or among disadvantaged minorities. As noted earlier, the sharpest increases in nonmarital childbearing among teenagers have been among whites, and divorce and separation among women past their teens have contributed significantly to the increase in female-headed households. Further, proportions of out-of-wedlock births among childbearing women in their 30's have also been rising.³¹

Besides being more likely to raise children alone than they were in the past, women are also far more likely to work. Labor force participation has increased substantially for both single and married mothers, including those with young children. If they are single, many must either struggle to balance work and childrearing responsibilities or accept poverty and welfare dependency. Married mothers too are often unable to meet the demands of work and childrearing without child care services.³²

These changes in the roles of women have important implications for policies and programs directed towards men. Although economic empowerment is an important goal for interventions with males, it does not follow that these interventions should be judged successful only if they restore traditional family forms in which men work and women care for children. These interventions should be appropriate for a world in which women work and share with men the responsibilities of child care and support.

These three issues — economic empowerment of the disadvantaged, developmental appropriateness, and sex equity in a time of changing gender roles — are crucial concerns for all policies and programs attempting to deal with young males as sexual beings and prospective or actual parents. A number of policy and program initiatives in recent years have attempted to deal with just these issues by altering the context of opportunities and incentives encountered by disadvantaged young males as they confront sexuality and parenthood. Research and intervention programs bearing on male involvement in preventing unintended pregnancies, in child support, and in effective parenting are discussed below in terms of these three issues.

Policies and Programs

For a long time, policies and programs dealing with young males as sexual beings and fathers or potential fathers were notably lacking. In recent years, however, a number of efforts have been undertaken to change this situation. These attempts have been primarily of three types: those that involve males in the prevention of unintended pregnancy; those that increase the provision of financial support by young absent fathers; and those that foster more effective parenting by young fathers. These efforts are discussed here in the context of research findings which indicate the scope of need for each type of intervention and the institutional barriers which have previously hindered development of policies and programs dealing with the male role in teenage pregnancy and parenting.

In addition to interventions addressed directly to the sexuality and parenting concerns of young males, a wide variety of programs attempt to empower disadvantaged young males through services that provide support for their personal development and successful progress through school and into the labor market. Such services include educational programs both in and out of school settings; criminal justice programs and programs to prevent drug use and delinquency; recreational programs; counseling programs; religious programs; employment and training programs; and others.

In view of the link between socio-economic disadvantage and high risk of involvement in unintended early pregnancy, all such youth services have potentially important roles to play in dealing with the male role in teen pregnancy and parenting. A notable gap in such services in the past has been their lack of attention to issues of sexuality and parenting among males. This is beginning to change. Many of the new intervention efforts discussed here do in fact operate in the

context of multi-service program environments. Particular programs do not necessarily fit neatly into boxes and may address one or more aspects of males' concerns with sexuality and parenting along with other developmental issues.

This discussion does not attempt to review all youth services, but focuses on the three areas of pregnancy prevention, child support, and social services for young fathers. Existing evaluations of these programs are also discussed, although few rigorous evaluations of male programs have yet been conducted. Some program documentations, however, provide valuable information on practitioners' experiences with the opportunities and difficulties involved in program implementation.

After discussing the research relevant to the need for each type of intervention and some of the interventions that are now being tried, this paper then discusses how these efforts deal with economic empowerment, developmental appropriateness, and sex equity.

Pregnancy Prevention

The most important interventions are those which attempt to involve young males in the active prevention of unintended pregnancies. To the extent that these efforts are successful, the need for parenting and child support interventions will diminish.

Research. The scope of the need for prevention efforts is evident from existing research on sexual development and contraceptive practices among young males. Although our knowledge about males on these issues lags behind our knowledge about females, it is clear that the substantial amount of sexual activity and the inadequate use of contraception by young males in the United States place many of them at risk of becoming involved in unintended pregnancies. For those from disadvantaged backgrounds, the risks are much higher.

Existing studies allow us to compare sexual and contraceptive behavior and attitudes between young males and young

females; to compare racial and ethnic categories, and, to some extent, class categories within the population of young males in the United States; and to compare U.S. teenagers, male and female, with their counterparts in other advanced, industrial nations. It has very recently become possible for the first time to examine changes over time in patterns of sexual activity and contraceptive use among young males.

Adolescent males and females differ in their attitudes about and interest in sex.³³ Boys are more likely than girls to report that they think and talk about sex often. Boys also tend to become sexually active at earlier ages than girls (see Table 1).³⁴ Some research suggests that the reasons for these gender differences in sexual interest and activity are biological, at least in part.³⁵ Although much remains to be learned about the specific biological mechanisms related to the initiation of sexual activity, there is no question that there are important differences in the ways in which boys and girls are socialized into sexual attitudes and behavior. Initiation of sexual activity is much more likely to be a source of pride for males and a source of anxiety for females, for whom sexual activity is more often linked to fears about their reputations and the possibility that they will become pregnant.³⁶

Gender differences in the initiation of sexual activity are by no means absolute. In the same survey that found differences in interest in sex, for example, both boys and girls ranked other concerns, such as grades, employment, and getting along with their families, above "having sex." Both males and females tend to initiate sexual activity with older partners, about three years older for girls and one year older for boys.³⁷ Both males and females are most likely to have sex with partners with whom they are engaged in ongoing relationships, either romance or friendship.³⁸ It also appears that the differences between male and female teenagers in the initiation of sexual activity have been diminishing over time, as sexual activity among adolescent girls has increased.³⁹

Most studies of adolescent sexual activity have focused on the age of initiation. While it is clear that boys still tend to initiate sexual activity at younger ages than girls and that the great majority of males engage in sexual intercourse at least

Table 1
Cumulative Sexual Activity by Age of Initiation and Sex
for the National Longitudinal Survey of Youth

Age	Cumulative Percentage Sexually Active	
	Boys	Girls
Total Sample (N = 4,657 boys, 4,648 girls)		
15	16.6	5.4
16	28.7	12.6
17	47.9	27.1
18	64.0	44.0
19	77.6	62.9
20	83.0	73.6
White (N = 2,828 boys, 2,788 girls)		
15	12.1	4.7
16	23.3	11.3
17	42.8	25.2
18	60.1	41.6
19	75.0	60.8
20	81.1	72.0
Black (N = 1,146 boys, 1,157 girls)		
15	42.4	9.7
16	59.6	20.1
17	77.3	39.5
18	85.6	59.4
19	92.2	77.0
20	93.9	84.7
Hispanic (N = 683 boys, 703 girls)		
15	19.3	4.3
16	32.0	11.2
17	49.7	23.7
18	67.1	40.2
19	78.5	58.6
20	84.2	69.5

NOTES: Sample is limited to respondents age 20 and over at 1983 survey date. Percentages reference birthday for specified ages, e.g., 15 means fifteenth birthday or end of age 14.

Hispanics may be of any race, and black and white totals may include Hispanics

SOURCE: Hoffert, *Risking the Future*, c. 1987, by the National Academy of Sciences, National Academy Press, Washington, D.C. Special tabulations from the National Longitudinal Survey of Youth, 1983, Center for Human Resource Research, Ohio State University.

once during their teens, we know much less about the frequency of sexual activity for either sex. Care must be taken not to conclude from data on age of sexual initiation that all teenagers, males or females, who have ever engaged in sex are doing so frequently.

Though it has been known for some time that sexual activity among females has increased greatly since the 1960's, it has only recently become possible to say anything about changes in adolescent male sexual behavior over time, since males were not studied systematically. A survey in 1988, however, did indicate that male sexual activity had increased significantly over the previous decade (Table 2).⁴⁰ Some amount of sexual activity is increasingly the norm for teenagers of both sexes in the United States.

Table 1 also indicates substantial differences among racial and ethnic groups in the ages at which young males initiate sexual activity. Members of disadvantaged minority groups appear much more likely to engage in early sexual activity. Some small-scale studies with black males in inner-city neighborhoods have found mean ages of initiation of sexual activity as young and younger than twelve years of age. These averages include some respondents reporting sexual activity *before* the age of puberty.⁴¹

Since we lack adequate comparative data on class differences within different race and ethnic groups in the age of initiation of sexual activity, it is again necessary to interpret race and ethnic differences as reflecting economic disadvantage to an important extent. It is interesting in this regard to note that the small-scale studies of very disadvantaged blacks find younger mean ages than national survey data that are not as focused on the very disadvantaged. The mean age of first intercourse for blacks in a 1979 survey was 14.4 years, compared to 11.8 and 12.8 in the inner-city studies.⁴² This suggests that poorer black males begin sexual activity even earlier than their less poor black peers.

National survey data from 1983, shown in Table 1, indicate that young Hispanic males' ages of initiation fall midway between those of blacks and non-Hispanic whites. Since Hispanic income levels also fall midway between those of

Table 2
Comparison of Percent of Never Married Metropolitan 17
to 19 Year Old Males Who Have Had Sexual Intercourse
in U.S., 1979 and 1988, by Race and Age¹

Age	All Races	Black	Non- Black	All Races	Black	Non- Black
	In 1979			In 1988		
17 to 19 Years	65.7%	71.1%	64.5%	75.5%***	87.7%***	73.0%**
17 Years	55.7%	60.3%	54.5%	71.9%***	89.7%***	68.0%*
18 Years	66.0%	79.8%	63.6%	70.6%	80.1%	68.7%
19 Years	77.5%	79.9%	77.1%	87.8%	97.8%***	86.0%
Unweighted N	609	257	352	742	288	452

¹Black includes Hispanic and non-Hispanic African-Americans.

Significance tests: 1988 sexual activity different from 1979 (chi-square):

* $p < .05$

** $p < .01$

*** $p < .001$

SOURCE: Sonenstein, Pleck and Ku (1989a), p. 154.

blacks and non-Hispanic whites nationally, this also suggests that race and ethnic differences may reflect relative economic standing. Such inferences must remain tentative, however. More data on class differences within racial and ethnic categories are clearly needed for a better understanding of the relative influences of class and culture on the sexual behavior of young people.

The final way of looking comparatively at levels of sexual activity among teenagers is to compare teens in the United States to their peers in other developed countries. Such comparisons are quite difficult to make, given the lack of systematic comparable survey data. Nevertheless, some work has been done using indirect methods of estimation and focusing on females rather than males. The tentative but startling conclusions of this research are that teen fertility rates in the United States are far higher than those in other developed countries such as Great Britain, Canada, France, Sweden, and the Netherlands, despite the fact that levels of sexual activity among teenagers in these other countries are generally similar to those in the United States. This anomaly has been attributed primarily to differences in contraceptive use between teens in the United States and those in these other countries.⁴³ More effective use of contraception in these other countries appears to be related to several factors: national health systems that provide easy access to contraceptives, societal attitudes less puritanical about sexuality, and more homogeneous societies with less concentration of poverty.

Within the United States, data on contraceptive behavior among males are inferior to those for females, although the situation is improving. Understanding the male role in contraception is particularly important for teenagers because they are more likely than other age groups to use male methods, condoms and withdrawal, than are other age groups. Teenagers also run high risks of unplanned pregnancies because they either do not use contraception, they do not use it competently, or they use less effective methods such as withdrawal. It is particularly important to understand why males do or do not use condoms, since condoms are a relatively effective birth control method that can be acquired without a medical prescription. Because of this, the promotion of con-

dom use is a key strategy for the prevention of both unwanted pregnancies and sexually transmitted diseases among teenagers.

National survey data on teen contraceptive use indicate that male teens are only slightly less likely than female teens to report consistent use of contraception (Table 3).⁴⁴ Still, over 40% of sexually active teens report that they are poor contraceptors. These low levels of effective contraception appear to underlie the disparities between teen fertility rates in the United States and those in other developed countries with similar rates of teen sexual activity.

Just as economically disadvantaged teens, who are often members of minority groups, are more likely to report early sexual activity, they are also more likely to report poor use of contraception.⁴⁵ One recent study has examined social class differences in contraceptive use among blacks and found that those from better neighborhoods and more affluent families were significantly more likely to have used contraception at

Table 3
Factors Associated with Pregnancy Risk,
Teens Ages 12 to 17

	Percent Who Have Ever Had Sexual Intercourse	Of Those Who Have Ever Had Intercourse, % Who Seldom or Never Use Contraception	Percent of Respondents Who Score "Low" on Questions of Pregnancy Risk
Gender			
Boys	32%	45%	30%
Girls	24%	35%	18%

SOURCE: Children's Defense Fund, *What About the Boys? Teenage Pregnancy Prevention Strategies*, July 1988, p. 10. Data compiled from *American Teens Speak: Sex, Myths, TV, and Birth Control*, poll conducted by Louis Harris and Associates for Planned Parenthood Federation of America, Inc., Sept./Oct. 1986.

first intercourse.⁴⁶ Non-use of contraceptives, like early sexual activity, appears to be associated with economic disadvantage.

Another recent study has for the first time documented a significant increase in the use of effective contraception, particularly condoms, among young males during the 1980's (Table 4).⁴⁷ Use of condoms more than doubled in that period.

This increase is associated with a high degree of awareness of and concern about the AIDS epidemic. Awareness of AIDS throughout society has also changed the ways in which condoms are marketed. Condoms are far more widely advertised and are more openly displayed in retail stores. They are even referred to occasionally on television, in marked contrast to past policies within the mass media. Still, there remain very high-risk sub-groups of males who ignore contraception and also engage in other high-risk behaviors, such as using intravenous drugs and having sex with multiple partners and prostitutes.

In spite of this apparent increase in condom use by young males, the most recent fertility data indicate that the birth rate among teens in the United States has declined only slightly.⁴⁸ This continuing situation makes it important to understand why these teens do not use contraception as well as their peers in other countries.

Research has often failed to predict which teens do or do not use contraception,⁴⁹ but some studies consistently find the same set of reasons given for non-use. These studies indicate that both males and females lack adequate knowledge, access, and motivation. Like females, many males say they believe that they are not at risk of becoming involved in a pregnancy if they have unprotected sex; they complain that condoms interfere with pleasure; and they say that they engage in sexual activity spontaneously and do not like to plan. They frequently report that access to condoms is problematic. Young males say that they are embarrassed to purchase them and are subject to being teased when they do.⁵⁰ Males also tend to think of contraception as a female responsibility.⁵¹

These problems of knowledge, access, and motivation in the use of contraception contrast sharply with the situation in

Table 4
Comparison of Contraceptive Use at Last Intercourse: 1979
and 1988 Among Metropolitan Never Married Sexually
Active Males 17 to 19 Years Old in the U.S., by Race and
Current Age

Age	All Races		Non-Black	All Races		Non-Black
	Black			Black		
	In 1979			In 1988		
Percent Using Condoms						
17 to 19 Years	21.1%	23.2%	20.5%	57.5%	62.0%	56.5%
17 Years	25.3%	17.4%	27.8%	56.8%	64.9%	54.7%
18 Years	22.4%	36.9%	19.1%	57.1%	59.9%	56.4%
19 Years	16.1%	15.6%	16.2%	58.9%	60.4%	58.7%
Percent Using Effective Female Methods Without Condoms						
17 to 19 Years	28.0%	26.9%	28.3%	21.7%	18.9%	22.4%
17 Years	20.7%	30.6%	17.6%	20.4%	16.0%	21.6%
18 Years	30.2%	22.8%	31.8%	24.8%	21.6%	25.6%
19 Years	32.4%	26.6%	33.5%	19.7%	20.0%	19.7%
Percent Using Ineffective or No Contraceptive Method						
17 to 19 Years	50.9%	49.9%	51.1%	20.8%	19.1%	21.1%
17 Years	54.0%	52.0%	54.6%	22.8%	19.1%	23.7%
18 Years	47.5%	40.3%	49.1%	18.1%	18.6%	18.0%
19 Years	51.5%	57.8%	50.3%	21.3%	19.6%	21.6%
Unweighted N	423	196	227	563	250	353

All comparisons by age and race between 1988 and 1979 were significant at $p < .01$ (chi-square.)

SOURCE: Sonenstein, Pleck and Ku (1989b), p. 18.

other developed countries with similar rates of teenage sexual activity but much lower teen fertility rates. It is not the greater availability and use of abortion in these countries that appear to account for lower fertility rates, but superior knowledge, access to birth control, and motivation to use birth control. Though there is some variation, abortion is generally just as available in the countries most closely compared with the United States (Great Britain, Canada, France, Sweden, the Netherlands) as it is in the United States. Although these countries differ in their emphases on sex education and various male and female methods of contraception, the availability of condoms does appear to be an important factor in Sweden, the Netherlands, and Great Britain. In these countries, condoms are either distributed at no cost through national health systems or made easily available through supermarkets and vending machines.

In addition to the greater ease of access to condoms, attitudes towards teen sexuality in all these countries differ from the puritanical condemnation more prevalent in the United States. Most of these countries also lack areas of severe and concentrated poverty such as those found in the large cities of the United States. A partial exception is Great Britain which does have some areas of concentrated poverty where teen birth rates are higher than in the rest of the population.⁵² Although lack of effective contraception is a problem in many communities in the United States, it is in the inner cities that restricted opportunities are most likely to impair the motivations of young people, leading to high rates of unplanned pregnancy, out-of-wedlock childbearing, and a host of other problems.

High rates of teen fertility in the United States thus appear to be rooted in two societal characteristics that inhibit effective use of contraception by sexually active teenagers. First, teens throughout society suffer from insufficient access to contraceptives and encouragement to use them. Second, concentrated poverty of the inner cities is associated with much higher rates of teen pregnancy and childbearing than in less disadvantaged communities. As a result, efforts to implement successful pregnancy prevention interventions face two challenges: overcoming societal resistance to making

contraception easily available to teenagers, and reaching disadvantaged youths for whom the lack of resources for their reproductive health needs is but one of many barriers separating them from futures in the mainstream of society.

Interventions. A number of efforts in recent years have attempted to increase young males' knowledge about sexuality and contraception, their access to contraceptives, and their motivation to take active steps to prevent unwanted pregnancies. These efforts have generally lagged behind similar efforts directed towards young females. As a result, we know much less about the relative effectiveness of different types of interventions for males. Nevertheless, the number and variety of these interventions with males increased substantially in the latter 1980's. No attempt is made here to present an exhaustive review of these programs.⁵³ Rather, some of the major types of programs are presented. Their intent and design are then discussed critically, from the perspective of the issues of economic empowerment, developmental appropriateness, and sex equity.

The most extensive efforts to reach males about issues of sexuality and parenting have been school-based sex education programs. Although these programs now reach most urban teenagers, male and female,⁵⁴ they have been and continue to be contested by some groups in society which find them morally objectionable and contend, against the evidence, that sex education promotes teenage sexual activity. In fact, careful research has generally shown that sex education has little effect on attitudes or behavior among males or females.⁵⁵ What sex education does do, for some populations, is to increase knowledge about sexuality and contraception. Since other research shows serious gaps in many young males' knowledge in these areas, this is an important contribution. Young males are often under pressure to pretend that they know more than they do.⁵⁶ They also report that they are quite eager for more and better information.⁵⁷

Since sex education does not increase sexual activity, there appear to be little risk and much justification for the continuation and expansion of sex education programs. On the other hand, the finding that sex education does not reduce the risks

of pregnancy by increasing the use of contraception shows that increasing knowledge is an important but not sufficient intervention strategy.

There are also a number of problems with traditional sex education programs which impair their effectiveness in delivering knowledge and in linking knowledge to access and motivation. The content of curricula varies quite widely, and may in many cases be developmentally inappropriate as well as too vague about the specifics of how to obtain and use contraceptives. Some but not all sex education courses also include a more general emphasis on learning life skills and how to make decisions.

A more serious problem is that traditional programs are school-based and suffer the same limitations as much of the rest of urban education: they simply are not reaching large numbers of inner-city teenagers, especially boys, because of high rates of school-leaving and of disorderly and ineffective schools. For school-based sex education programs to be most effective, it also makes sense that they should be linked to school-based provision of reproductive health services, including contraceptives. Yet, efforts to provide such services in school settings have been heavily contested, even more so than sex education itself.

The evidence that knowledge provision alone does not seem to affect behavior calls attention to the need to link sex education to other services that enhance opportunities for disadvantaged young people to take control of their careers and reproductive lives, either by delaying sexual activity or by using contraceptives. Within the pregnancy prevention field, this approach has come to be referred to as the expansion of "life options,"⁵⁸ now widely regarded as necessary both in programs for young females and in the growing number of programs for young males. Some interesting efforts to link knowledge provision with improved access to contraceptives and expanded life options in programs for males are discussed below, following a discussion of past efforts to expand young males' access to contraceptives.

Current efforts to improve males' access to and use of contraceptives, particularly condoms, are tinged with a

certain irony. Historically and worldwide, male methods have been the primary forms of contraception.⁵⁹ This was also true in the United States prior to the introduction of the pill. After widespread adoption of the pill, however, reliance on condoms decreased, apparently because males began to assume that contraception was a female responsibility.⁶⁰ The AIDS epidemic has added new urgency to the need for increased condom use. As a result of AIDS, social service providers have renewed their efforts to promote condoms, and many young males have begun to change their behavior.

Many past efforts to improve male access to contraceptives have either failed or had uncertain results. Most past efforts to provide contraceptive services to males through family planning clinics appear to have failed. Although many clinics formally offer such services, their clients are almost exclusively female. Reasons for low rates of service to males include inadequate resources, lack of training, and negative policies and staff attitudes.⁶¹ Federal funds for family planning clinics still do not cover services for males.

Although the low rates of service to males have been widely acknowledged, the underlying reasons have been less widely publicized. Efforts to serve males through clinics were often only token efforts and the services formally offered were not really available. One of the few studies of how clinics actually deal with male clients found that most either subtly or explicitly discouraged male clients. The one clinic that actively tried to include males was far more successful in reaching them. Staff at this clinic routinely urged female clients to bring their male partners with them, with the result that nearly 90% began to do so.⁶² In the absence of vigorous rather than token efforts to serve males through family planning clinics, it is premature to conclude that this strategy cannot work.

Although family planning services for males could probably become much more effective, it is also true that the medical model is not necessary for providing contraceptive services to males. Since condoms can be distributed without prescriptions, there are substantial opportunities for making them widely available at much lower cost than female contraceptives, with the added benefit of promoting the prevention of

sexually transmitted diseases. Some condom distribution programs have been attempted, but their evaluations have not been scientifically rigorous.⁶³

Many factors point to the need to continue condom distribution efforts, including the relative accessibility of condoms for sexually active young people, the specter of AIDS, and the fact that widespread, low- or no-cost availability of condoms is linked with low teen fertility rates in other developed countries. Condom distribution programs are currently operating in a variety of experimental program contexts in which condom provision is accompanied by services designed to improve knowledge and to expand life options.

The perceived limitations of traditional sex education programs and provisions of contraceptive services based on the medical model have led to a number of experimental efforts to involve young males in the active prevention of unwanted pregnancies. Many of these efforts attempt to link knowledge and access to motivation by addressing the reproductive health needs of young males in a multi-service context that attends to other of their developmental needs as well. Some of the most interesting programmatic efforts to involve young males in pregnancy prevention include:

- *adolescent medicine and comprehensive health services;
- *multi-service youth agencies and programs; and
- *school-based clinics.

Despite the failure to date of the medical model in efforts to involve males in family planning clinics, there are other ongoing efforts by medical practitioners and agencies to improve the provision of reproductive health services to males. The continuing development of adolescent medicine as a recognized specialty is one such avenue. Physicians have often not routinely inquired about adolescents' reproductive health needs. Programs developed by physicians such as Robert Johnson at New Jersey Medical School in Newark are beginning to change this state of affairs. In the Newark program, for example, detailed sexual and contraceptive histories are routinely sought as part of general medical histories. Repro-

ductive health needs, including information about sexuality, access to contraceptives, and knowledge and treatment of sexually transmitted diseases, are dealt with as part of each client's general health needs. This program serves several thousand inner-city males each year. Some family health care services have also begun to pay more attention to issues of sexuality among adolescent males and females. The extensive network of Kaiser Permanente health clinics in California has made adolescent reproductive health needs an explicit category of basic service in the context of comprehensive family health care.

One particularly innovative program in a medical setting has been developed by a social worker, Bruce Armstrong, as part of the pediatrics and obstetrics and gynecology programs at Columbia-Presbyterian Hospital in New York City. Extensive outreach activities have sent social workers into the surrounding neighborhoods to contact young males on playing fields and street corners. Young clients are then invited into the clinic, where discussion groups deal with issues of sexuality. The clinic itself is decorated with sports posters in order to show that it is a place for males. Other outreach activities have included working with local coaches and setting up programs in local junior high schools. Condoms are distributed at most of these activities, though not in the junior high schools. The experience of these programs has been that carefully targeted, aggressive outreach is necessary and that males will respond most readily to interventions dealing with pregnancy prevention when these are delivered in the context of other high-interest activities such as sports, recreation, and employment programs.

Other experimental efforts to involve males in pregnancy prevention have taken place at multi-service youth agencies. These agencies serve both in-school and out-of-school youth and provide a broad array of services, including reproductive and other health services, education, employment and training, and recreation. Programs of this type in New York City include The Door and the those developed by Michael Carrera for the Children's Aid Society.

Another important multi-service approach has been the STEP program, a national demonstration program operated

by Public/Private Ventures. STEP provides summer remedial education and work experience to disadvantaged youths along with training in life planning that includes attention to issues of sexuality. The results of STEP have been encouraging in several ways. Participants have shown substantial educational gains along with increases in knowledge about sexuality. Boys in the program also reported more abstinence from sexual activity than their peers in the control group.⁶⁴

School-based health clinics provide reproductive health services for males in the context of comprehensive health services. The combination of their multi-service approach and their location in schools makes them a very promising strategy for involving males in pregnancy prevention efforts. Emerging evaluation studies point to increased contraceptive use at some sites; however, it also appears that as the school-based clinic movement has expanded there has been less emphasis on direct provision of contraceptives.⁶⁵

The programs mentioned briefly here are notable because they provide reproductive health services to males in a multi-service context. The experiences of traditional sex education and efforts to serve males through family planning clinics indicate that this multi-service approach could help to connect knowledge and access with motivation, especially in serving disadvantaged males.

Besides these programs, a number of other efforts have been undertaken. The National Urban League and the Children's Defense Fund have both sponsored media campaigns directed towards males, emphasizing their active participation in the prevention of unwanted pregnancies. Project Alpha, organized by Alpha Phi Alpha, involves members of the national college fraternity for black males in discussion groups with younger black males. Other efforts include parent involvement programs, teen theater, mentoring programs, church-based programs, and various curricula developed within youth-serving organizations such as the Boys Clubs and the Job Corps.

With the few noted exceptions, most of these recent programs attempting to involve young males in the active prevention of unwanted pregnancy have not been subject to rigorous

evaluations.⁶⁶ The extent to which they actually affect sexual and contraceptive behavior is difficult to gauge. Continuing program experimentation and evaluation research are needed.

The rest of this discussion addresses the questions of how the basic conception and design of such programs respond to the criteria of economic empowerment, developmental appropriateness, and sex equity discussed earlier.

The need for attention to issues of economic empowerment in programs for males is apparent in the findings that traditional sex education and attempts to improve males' access to contraception through family planning clinics have not produced clear changes in males' behavior. While efforts to provide knowledge and access could be significantly improved, it seems also to be true that knowledge and access alone may not result in changed behavior unless there are also changes in opportunity and motivation. Most practitioners in the field of pregnancy prevention now accept the need to link reproductive health services to other services that can expand life options to offer young people reasons to postpone child-bearing until they are emotionally and economically prepared to raise and support children.

Much still needs to be learned about the developmental appropriateness of these interventions. Existing programs serve a wide age range of young males. For example, the programs surveyed by the Children's Defense Fund serve males ranging in age from 9 to 24. Most, however, do not serve those in their early twenties, which is a problem since a third or more of the fathers of the children of teen mothers are over the age of twenty. Developmental differences between those in their early and late teens are also quite significant. Interventions that are appropriate for one group may not be as appropriate for another. The notion of expanding life options may mean preventing school drop-out for younger boys but providing remedial education and immediate employment or job training for older teens. Similarly, relative emphases on abstaining from and delaying sexual activity or using contraception may need to be varied in dealing with young males at different stages of development.

From the standpoint of sex equity, there can be little controversy about these programs. Encouraging males to be actively involved in the prevention of unwanted pregnancies is clearly in the best interests of females. Males also benefit when they learn to control their reproductive lives and to avoid becoming involved in unintended pregnancies that can damage them both psychically and in the development of their careers.

Child Support

Increasing rates of poverty and welfare dependency among families formed as a result of out-of-wedlock childbearing by teenage mothers have prompted a great deal of concern among policymakers about the fathers of those children. The failure of absent fathers — those who do not live with their children — to provide adequate financial support for their children has often been cited both as a primary cause of poverty and as a target for efforts to reduce poverty. As noted earlier, however, young males who are absent fathers are themselves often from disadvantaged backgrounds and suffer from low rates of achievement in school and in the labor force. This situation has created a dilemma for the child support enforcement system. As a result, even though child support collections have been increasing steadily, very few of these collections have come from young fathers.

The child support issue poses especially vexing problems for policies and programs dealing with the male role in teenage pregnancy and parenting, since it is not immediately apparent how child support policy can be responsive to both the need for economic empowerment of disadvantaged males and the need for sex equity. While it is reasonable to expect that young, disadvantaged mothers should not have to bear the entire burden of raising and supporting their children, the prosecution of the young and also disadvantaged males who are the fathers of their children has not thus far shown itself to be a workable solution to this problem. Public policy in this area is changing rapidly, however, and a number of new policies and programs are exploring solutions to the dilemma.

Research. Research with young mothers demonstrates that lack of a father in the household is clearly associated with economic disadvantage. Though most pregnant teens are not married when they become pregnant, many of those who give birth marry either before or shortly after the birth.⁶⁷ Those who do not are much more likely to live in poverty, to become dependent on public assistance, and to remain on welfare rolls for long period of time.⁶⁸ Longitudinal research with such mothers has also shown that marriage is one of the most important routes out of poverty and dependency for those who do manage to better themselves over time.⁶⁹

For the children of those who remain unmarried, either to the biological father or to another male, important benefits can be gained from the official establishment of legal paternity. Until paternity is established, no legal proceedings for child support can be initiated. Legal paternity also confers a number of other benefits on children, besides entitling them to child support. Legal paternity provides them with access to their medical histories. Children are entitled to Social Security benefits and military benefits through their fathers, even if their parents are not married, as long as legal paternity has been established.

Yet, in over one third of all births to teenage mothers, no father is recorded on the birth certificate. Low rates of paternity establishment are one of the major barriers to the collection of child support for the children of teenage mothers. Unless paternity has been established, courts cannot make child support orders, even if the financial circumstances of the father improve with age.

As noted earlier, however, young males whose father children by teenage mothers are far more likely to come from disadvantaged groups than are their non-father peers. Table 5 summarizes data on the race/ethnic and economic backgrounds of absent fathers among a national sample of males who were 21 years old.⁷¹ These data show that a poverty background significantly increases the likelihood of becoming an absent father. This is true for whites, blacks, and Hispanics. In addition, it appears that young black males at all income levels are even more likely than others to become absent fathers.⁷²

Table 5
Percent of Subgroup Who are Absent Fathers

	Black	Hispanic	White
1) in families with \$20,000 in income	18.7	5.8	2.7
2) in families with \$8,000 in income but no welfare income	24.5	5.9	6.8
3) in families with \$8,000 in income that receive welfare	24.9	14.6	13.1

Note: These rates were derived from logit analysis, assuming that the young men were 21.7 years old in 1983 and had lived with their mother and father at age 14.

SOURCE: Lerman 1986, p. 30.

These findings both require interpretive caution and raise an important policy issue concerning the desirability of marriage for young parents. In interpreting the apparent tendency of young black males not to marry, even when controlling for class, it must be remembered that it is never entirely possible to separate the effects of class and race in a society in which nonwhites are so disproportionately poor. Since poverty is much more concentrated among blacks, the hardships of poor black families are increased by the fact that most of their friends and neighbors are also poor. Poor whites are much less likely than poor blacks to live in neighborhoods of concentrated poverty.⁷³ Similarly, black families with non-poverty incomes are also not as well off in a number of respects as white families at similar income levels. For example, middle-income black families tend to have less wealth than white middle-income families.⁷⁴ Thus, the apparent tendency of young black parents to marry less often than whites at their same income level may still represent relative economic disadvantage. More research is needed to clarify the different influences of culture and class on marriage rates.

Beyond these interpretive cautions, however, these findings on different rates of marriage for different groups of young parents raise an important policy question about how

beneficial it really is for young parents to marry when one or both has not yet completed school.

Marriages that result from unplanned pregnancies by teenage female are extremely fragile; they are likely not to last. In addition, marriage tends to disrupt schooling. For example, it is important to note that, among blacks, who are less likely than whites to marry to legitimate the birth, early parenthood is much less disruptive of schooling. Both male and female black teen parents are much more likely than white teen parents to continue schooling with minimal disruption.⁷⁵ It may be that the long-term interests of the children of teenage mothers are better served if paternity is established outside of marriage and both parents complete their schooling.⁷⁶

It is also true that some unmarried and absent fathers have regular contact with their children and provide some measure of care and support. Although their extent and importance are difficult to measure, these informal support systems have been documented in a number of studies. They pose an interesting challenge to efforts to increase court-ordered child support contributions. Both ethnographic studies looking at young fathers who have and have not established legal paternity⁷⁷ and studies of young fathers with legally established paternity who have been identified from AFDC caseloads⁷⁸ have found that many of these fathers have regular contact with their children, provide direct child care, and give support ranging from occasional gifts to regular monetary contributions, all of this outside of court-ordered child support obligations.

Although it is uncertain how stable are the initial commitments of young absent fathers to their children, some evidence indicates that a substantial minority of these fathers will maintain long-term relationships. Longitudinal research on families formed as a result of childbearing by teenage mothers has found that about a third of the children studied maintained regular contact with their fathers over a twelve-year period: 17% because they were living with him and another 16% who lived apart but saw him weekly.⁷⁹

The implications of the existence of these informal support systems for child support policy are not clear. Prior to the passage of the original legislation establishing Federal child

support policy in 1975,⁸⁰ it was argued by some that aggressive child support efforts might actually harm poor children further by alienating absent fathers and disrupting their informal contributions of care and financial support.⁸¹ A related concern was that fear of child support enforcement would contribute to low rates of paternity establishment. A later study examined the informal contributions of men who were under child support enforcement orders and found that they were continuing to provide informal support, in addition to their court-ordered obligations.⁸² The conclusion of this latter study was that court-ordered child support does not in fact disrupt informal support.

Existing research does not resolve the issue of whether child support orders discourage paternity establishment and disrupt informal support. The ethnographic studies that include cases in which official paternity has not been established are based on small, non-random samples. Studies with larger samples examine only those under child support orders and thus do not yield information about those who have avoided establishing official paternity. Definitive research on this issue would have to be based on large, random samples including fathers who have and have not established paternity and who are and are not under child support orders. Since such a study would be difficult if not impossible to accomplish, a definitive resolution of this issue is unlikely to be reached in the near future.

Interventions. Lack of knowledge about the relationship between formal child support enforcement systems and informal, community-based support systems, which may or may not operate in conjunction with formal systems, is only one of many reasons for the lack of a coherent child support policy towards young and disadvantaged fathers. The current public child support system grows out of the 1975 passage of Title IV-D of the Social Security Act, which established agencies in every state authorized to initiate paternity and child support cases. Despite steady progress since 1975 in the development of child support policy, young and disadvantaged fathers have been avoided and neglected. The occasional proposals for dealing with them have been fraught with confusion and contradiction. This confusion has been mani-

fest in the structure of the system, the knowledge and attitudes of practitioners dealing with young parents, and knowledge and attitudes of young parents themselves.

The original structure of the child support system set up in 1975 contained clear disincentives to the establishment of paternity and child support orders. Initially, IV-D offices were only required to secure child support orders for AFDC recipients, and all recoveries went to reimburse the state for AFDC costs. Young single mothers were not effectively served under this system, since those not on AFDC did not have sufficient access to child support services and those on AFDC did not benefit financially from child support payments. Further, the child support enforcement system was itself financed by its own collections, thus creating a disincentive to pursue young and jobless fathers.⁸³

Passage of the 1984 Child Support Enforcement amendments ameliorated this contradictory situation somewhat by extending services to non-AFDC families. Although this extension of services has been put into practice with widely varying degrees of effectiveness in different states, it has had the general effect of increasing the proportion of court-ordered child support payments going to non-AFDC families. Since these families are not receiving AFDC, the support payments are entirely to the benefit of the children.

Since 1984, AFDC families have also been allowed to keep the first fifty dollars of child support payments without having this amount deducted from their AFDC payments. This fifty dollar "disregard," however, still affects their eligibility for related benefits such as Medicaid and food stamps. It has been estimated that such a family loses thirty cents in food stamps for every dollar of the disregard.⁸⁴ Still, the concept of not deducting all of an absent father's contributions from AFDC payments to his children remains an important turning point in public policy since it created for the first time a positive incentive for paternity establishment and participation in officially recognized child support contributions.

In 1988, the passage of the Federal Family Support Act (FSA) was the largest and most comprehensive change in public welfare policy in decades. In the deliberations leading

to passage of this legislation, and in the structure of the legislation itself, major attention was paid to the need to involve absent fathers in the support of their children. Three changes in policy are especially notable. First, the act mandated that all states begin to provide AFDC coverage to two-parent families in which the parents are not employed. Previously, only about half the states had such a provision. Second, the FSA requires all states to meet specified paternity establishment performance standards. Third, the FSA provides for enhanced Federal financing of blood tests to establish paternity. These tests have become so accurate in recent years that they are rarely contested in court, yet their expense has discouraged their use. All these changes in policy were designed to increase the involvement of males in the support of their children.

In addition to these changes, the FSA requires the states to mandate that at least one parent participate in a work program for at least 16 hours per week. The act also makes provisions for states to provide education, training, and employment services for parents in two-parent households and to require teenage parents to complete their schooling.

Taken together, these provisions are designed both to induce and to force greater participation by males in the support of their children and to provide some assistance to help them do so. In its broad outlines, the FSA clearly attempts to reconcile concerns for sex equity and for the economic empowerment of disadvantaged males. But these broad outlines have not yet been translated into a full array of policies and programs. The act provides few specifics on how states are expected to achieve higher rates of paternity establishment or on how they are to be able to provide the kinds of support services for males that would encourage them to participate in court-ordered child support arrangements and empower them to provide support. A long implementation period and much experimentation with different program models will be necessary before the FSA can have its intended effects on male participation in child support.

Prior experience with attempts to enforce and encourage court-ordered child support indicates that a number of barri-

ers will have to be overcome at the operational level. Practitioners in agencies serving young parents as well as their young clients themselves have often displayed both lack of knowledge about and fear of dealing with the official child support system. Some practitioners working with young mothers have also discouraged their clients from seeking child support, because of negative attitudes towards fathers, which are based on fears, not necessarily grounded in specific knowledge, that continuing involvement with the father would be harmful to the mother and child.⁸⁵ On the other hand, even though "good cause" provisions in law provide for the severing of visitation rights from child support obligations, in cases in which fathers threaten abuse of mother or child, doubts about the effectiveness of the legal system in controlling such fathers can be a source of anxiety for concerned mothers and their advocates.

There is little research with young parents on their attitudes towards child support enforcement, but some work suggests that they are usually quite ignorant of child support laws and that they often make paternity establishment decisions on the basis of sentiment rather than informed choice.⁸⁶ These findings about past experience with attempts to require and encourage formal child support also suggest that the implementation of the FSA will require a long period of public education and program experimentation.

Despite these formidable difficulties in arriving at an effective and just child support policy for young and disadvantaged fathers, some promising solutions are evident in the individual jurisdictions in this country and in other developed countries. Perhaps the most noteworthy program in this country has been developed in Marion County, Indiana. In the Teen Parent Alternative Parenting Program, young absent fathers receive child support orders mandating a minimum payment of at least \$25 a week. They also earn credit towards the satisfaction of child support requirements by staying in school and by participating in employment training programs and programs teaching parenting skills. This program represents an important attempt to link the acknowledgment of paternal responsibilities for child support to access to support

services that help young men both to support their children and advance themselves. Similar programs are in operation in Maryland and Florida.

Ultimately, however, it is unlikely that reducing poverty among female-headed households can be accomplished by means of child support policy alone. Even two-parent families attempting to support and care for children have a difficult time escaping poverty with wages earned from low-skill jobs. A successful anti-poverty strategy would attend to the education and training needs of all disadvantaged youths, male and female while delivering a wide range of support services, especially child care. Young, disadvantaged parents are also likely to need services such as transportation and even housing in order to be able to work and care for their children.

In dealing with these problems, it is again instructive to look at the experience of other developed countries. Several European countries have rates of marriage as low or lower than those in the United States and rates of female-headed households that are as high or higher. Yet, in none of these countries is poverty concentrated among women and children and associated with female-headed households to the extent that it is in the United States. The social welfare systems of these countries vary a great deal. Some encourage young mothers to work; others do not. Most have much more consistent and efficient child support systems than the United States. However, all these systems provide female-headed households with an adequate standard of living, either through social welfare policy or through employment policy.⁸⁷ In order for child support policy in the United States to be effective in reducing poverty, it will have to be linked to other policies designed to empower disadvantaged males and females economically and to provide an adequate level of support for young families.

It is not plausible to suggest that the United States should simply import a foreign model for social welfare reform. Solutions will have to be developed that are appropriate to the United States and consistent with domestic culture and traditions. Some standards for such a policy can be suggested, as follows:

*both parents should be expected to contribute to the support of their children;

*a guaranteed minimum level of support should be provided for every child, regardless of the performance of the parents;

*incentives for early involvement with their children should be provided for both parents; and

*necessary support services such as child care and transportation should be provided.

A child support policy carried out as part of a broader anti-poverty policy that meets these standards would satisfy the criteria of both economic empowerment and sex equity.

The developmental appropriateness of child support policy also must be carefully considered. Programs such as those in Marion County that allow young fathers to satisfy child support requirements by continuing their schooling are an important step forward. They both bring young fathers into the system and bolster their ability to provide support. Rather than concentrating on young males' immediate payments to the detriment of their long-term ability to support their children, such programs encourage early establishment of paternity along with investments in human capital that are to the long-term benefit of both father and child.

Much still needs to be learned about the developmental appropriateness of alternative child support policies and programs. The standard should be to expect something from young fathers but not more than they can possibly provide. The imposition of these expectations on young fathers should be linked to the provision of services that would enhance their long-term ability to provide support.

Services for Young Fathers

Over the last few years, a number of small, experimental programs around the country have been providing social services to young fathers to help them as individuals and bolster their performance as parents. A few of these programs, like the one in Marion County, originated within the child support enforcement system. To the extent that these programs provide social services to young fathers, the justification for these support services is grounded in the hope that they will lead to increased child support contributions.

Most programs for young fathers, however, are not directly tied to child support collection goals in this way. They originated among social service providers rather than within law enforcement agencies. Besides dealing with child support issues, these programs provide a variety of services to help young fathers cope with the stresses of early parenthood; to improve their direct parenting skills; and to expand their life options by providing education, training, and employment.

To date, services provided specifically for young fathers have reached relatively few clients and have not received substantial levels of support. The limited reach of these programs may be related to concerns that programs for males might compete for resources with programs for young mothers, which still experience difficulties in acquiring and maintaining sufficient levels of funding. There is also no rigorous research available on the extent to which services for young fathers succeed in helping the young men themselves or their children. The experiences of programs providing such services are discussed here in the context of research on young fathers and their needs and capabilities. Though we cannot gauge the effectiveness of these services at this early stage, we can discuss their design and intent critically in terms of economic empowerment, developmental appropriateness, and sex equity.

Research. Much of the existing research on young fathers, discussed above, indicates the kinds of services they often need. Young fathers tend to have a number of problems both in relation to early parenthood and otherwise. In comparison to their non-father peers, young fathers are more likely to

come from disadvantaged backgrounds and to have prior problems in school. Early parenthood itself then becomes a source of further difficulties, subjecting them to psychological stress and putting them under pressure to gain immediate income. If they are still of school age and wish to assume paternal responsibilities, they may be forced to leave school. All of these factors indicate that young fathers are likely to need special help in the form of psychological counselling, educational services, and employment and training programs.

Additional research also gives some indication of the importance of young fathers in childrearing and their needs for support as parents. Very little research has concentrated on young fathers, but it does appear that marriage and father contact have important effects on child development. Fathers' participation has been found to promote cognitive development and physical health and to reduce behavioral problems among their children. This appears to be true both for all families, and specifically for families with adolescent parents.⁸⁸

These findings, however, do not imply that immediate marriage and co-residence always benefit young mothers or children. In fact, early marriages are extremely fragile and may have adverse effects, especially if they lead to disrupted schooling.⁸⁹ Further, the studies showing beneficial effects of father involvement have looked at fathers whose participation in their children's lives is voluntary. It cannot be assumed that the involuntary participation of fathers responding to coercive social policies would have the same effects.

Studies of adult fathers have found that fathers are equally as responsive as mothers to infants' bids for care and attention. The style of fathers' responses tends to be different from that of mothers. For example, fathers more often engage in play than mothers, and toddlers tend to prefer to play with their fathers. Father play is in turn associated with positive cognitive and emotional development.⁹⁰

One study which examined childrearing by the fathers of children of teenage mothers has focused on the differences between children with present and absent fathers. The children whose fathers were present during early childhood

exhibited superior cognitive development and experienced fewer behavioral problems in school.⁹¹ No research has looked systematically at the effects on childrearing of non-resident fathers who maintain contact with their children.

There is also very little research on the actual roles played by young fathers in childrearing within households. It is known that young mothers are often not the primary caregivers when they live with their own mothers. In these situations, there is considerable potential for conflict between mother and grandmother over responsibility for childrearing.⁹² Although we know that the household situations of the children of teenage mothers change frequently during early childhood, it is unclear what roles young fathers play in these cases. One ethnographic study of a small sample of young, inner-city black fathers found that the fathers, though not married to or living with the mothers of their children, sometimes took their children to their own homes for weekends or longer periods of time. While with the children in their own homes, these fathers performed some direct child care duties themselves and shared others with their mothers and sisters.⁹³ It remains unknown how widespread these childrearing practices are or what their outcomes are for child development. For young fathers as for young mothers, however, there are clearly developmental factors to be considered in judging how ready they are to take responsibility for various aspects of childrearing.

One stereotype of teen parents generally and of the fathers of the children of teen mothers in particular is that they are more likely to be abusive than older parents. This notion, however, is not supported by existing research.⁹⁴

Discovering just what the developmental factors are that influence the capacities of young fathers to provide direct care will require further research. Existing research suggests that young fathers often need help with their own problems as well help in learning to support and care for their children.

Interventions. A growing number of programs have been attempting to serve the multiple needs of young fathers. The largest and best documented was the Teen Father Collabora-

tion, a national demonstration project funded by the Ford Foundation and operated by the Bank Street College of Education in eight sites across the country in the early 1980's. The experience of this program offers a number of lessons about the what is needed to attract young fathers to such programs and provide services for them.

The results suggest that young fathers do not respond as readily to service offerings as do young mothers. Involving young fathers in programs requires active outreach strategies. Young, street-smart, usually male workers need to go into community settings and sell the program. When this has been done, young fathers have responded, and they have expressed their needs for a wide range of services, including counseling about child care and relationships as well as help with continuing their education and finding jobs. The young fathers who do respond tend to be those who are already involved with their children and who have established fairly stable relationships with the mothers of their children. Nearly three quarters of the participants in the Teen Father Collaboration described the mothers of their children as their "girlfriends" and another 9.7% were married.⁹⁵

Others programs, such as those operated by the YWCA in New York City and by New Jersey Medical School, have reported similar experiences in attracting and serving young fathers. Most young men who sign up for these programs come in seeking employment or services leading to employment. Once enrolled, they then express needs for a wide variety of other services. These programs also are staffed by young, minority males and attribute much of their success in reaching their clients to these staffing patterns.⁹⁶

Though most existing programs provide services for young fathers on an individual basis or in group counseling settings with other young fathers, two other program models are possible. Young fathers can also be served through programs that serve entire families. This service delivery model is currently being used in the state of Maryland, which provides multiple services at a given site for all family members. This approach has been called "family investment" and explicitly includes young fathers who do not live with their children.⁹⁷

The third possible program model for serving young fathers is that of working through existing programs that already serve young males, though not as fathers. A wide variety of programs do serve young males, including educational programs both in and out of school settings; criminal justice programs and programs to prevent drug use and delinquency; recreational programs; counselling programs; religious programs; and employment and training programs. To date, few such programs have systematically identified those of their clients who are fathers or developed services dealing with their needs as parents.

Programs serving young fathers are still small in number and clientele, but they have shown that these young males have special needs that can be supported through social services. Though no systematic evaluations have looked at the effects of these programs, it is appropriate to ask at this point how well the design and intent of these programs respond to the needs for economic empowerment, developmental appropriateness, and sex equity.

Most programs for young fathers recognize very clearly the need for economic empowerment. In both their recruitment procedures and the design of their services, most emphasize expanding life options by providing education, training, and employment. Most young fathers who come into these programs are attracted by exactly these program components. Only after becoming involved do the participants begin to make use of discussion groups, counseling, and health services.

Responsiveness to developmental differences is a major issue in these programs. They typically serve clients ranging in age from their mid-teens to their early and even late twenties. Staff report that dealing with the different needs of individuals at such different stages of development, when providing counseling and education and employment services, is an important challenge in program development. Both research and experimentation are needed to help the field deal with these issues.

The development of services for young fathers raises issues of sex equity that have barely been articulated at this early

stage of program development. First, there is the question of whether expanded services for young fathers would compete for resources with programs for young mothers. Some practitioners involved in programs for young mothers are wary of this possibility. Others, however, noting that some of their young female clients are still involved with the fathers of their children, have been trying actively to involve males in their programs and secure funding for them. The young fathers program of the YWCA in New York City grew out of just this kind of situation. From the perspective of sex equity, it should be noted at this point that young mothers usually have more direct responsibility for their children than the fathers, and that helping young fathers to assume more responsibility for child care and child support is clearly in the interests of women and children.

Beyond these questions of program funding, sex equity concerns should also be addressed in the ongoing development of the structure and content of programs for young fathers. Very little is known at this point about how these programs deal with issues such as sex role stereotyping, the sharing of parental responsibilities, or the roles played by young fathers in decisions for or against delaying further childbearing.

Programs for young, disadvantaged fathers are being developed at a time when sex roles and childrearing patterns are undergoing rapid change throughout society. The record of programs for young mothers in dealing with sex equity issues is itself spotty, although some materials have been developed for heightening young females' awareness of the stereotyped, conflicting, and limiting messages about sex roles and childrearing that they receive through mass media and other channels.⁹⁸ Clearly, such concerns should also be dealt with in programs serving young males. Informal reports indicate that these issues do come up. The Young Fathers Program at New Jersey Medical School, for example, reports that discussions of sex equity issues do emerge during some group counseling sessions for young fathers which are also attended by young mothers.⁹⁹ No systematic curricula or training materials to help service workers deal with these issues have yet been developed.

Conclusions and Recommendations

Early, unplanned childbearing is often harmful for young fathers as well as for young mothers, their children, and society. The development of policies and programs for males who are at risk of becoming or who have already become fathers to children of teenage mothers should recognize and address the needs of young males as well as those of women, children, and taxpayers. Three criteria for the continuing development of these policies and programs are suggested here: they should be concerned with the economic empowerment of the disadvantaged; they should be developmentally appropriate in their services and demands; and they should show explicit concern for issues of sex equity. These criteria should be applied to programs and policies in the areas of the prevention of unwanted pregnancies, child support, and services for young fathers.

Involving males in the active and conscious prevention of unwanted pregnancies is a clear and unambiguous priority. Successful accomplishment of this goal would contribute to economic empowerment and successful adolescent development for both males and females, as well as advancing sex equity by removing from young females some of the burden of preventing pregnancy. A practical place to begin is with the promotion of easy access to contraception through widely available low-cost or free condoms.

Child support policy towards young, disadvantaged males raises a number of difficult issues. While concerns for sex equity clearly demand that young mothers not bear all the burdens of raising and supporting children, active steps to involve young, disadvantaged males in child support will require attention both to their needs for education, training, and employment and to their developmental readiness to assume financial responsibilities.

Services for young fathers are at an early stage of development, but show some promise. Further program experimentation and documentation are called for. These programs should continue to address their clients' needs for education, training, and employment, as most now do. They should also begin to develop more explicit curricula and staff training methods to deal with the developmental readiness of young fathers for participating in various aspects of childrearing and with issues of sex equity in the relationships between young fathers and the young women with whom they share responsibility for planning and raising families.

ENDNOTES

¹Hofferth and Hayes 1987, Vol. II, p. 500.

²Lerman 1987; Ellwood 1986.

³Hofferth and Hayes 1987, Vol. II, pp. 364; 414-415.

⁴Hofferth and Hayes 1987, Vol. II, pp. 430-433; 456-459.

⁵Hofferth and Hayes 1987, Vol. II, p. 450.

⁶Moore 1989.

⁷In making such comparisons, it is necessary to interpret race and ethnicity as proxies for class, since health statistics do not include useful indicators of socio-economic status. Thus, it is not possible to compare income levels of young mothers within race/ethnic groups with the same accuracy as comparing across race/ethnic groups.

⁸National Center for Health Statistics, S.J. Ventura 1984, p. 6.

⁹Wilson and Neckerman 1987, pp. 66-67.

¹⁰Children's Defense Fund 1988 (May), p. 8.

¹¹Fenelly 1988, p. 16; Ventura 1987, Table 8. Note: Hispanics may be of any race in this and other racial/ethnic comparisons throughout this report, unless otherwise noted.

¹²U.S. Department of Commerce 1982.

¹³Wilson and Neckerman 1987, pp. 68-69.

¹⁴House Select Committee on Children, Youth, and Families 1983.

¹⁵Hofferth and Hayes 1987, Vol. II, pp. 500, 502.

¹⁶Hofferth 1987, Chapter 6, comparable data on Hispanics not available.

¹⁷Johnson and Sum 1987.

¹⁸Sum and Fogg 1988.

¹⁹Darity and Myers 1984; Johnson and Sum 1987; Wilson 1987.

²⁰Sonenstein, Pleck, and Ku 1989b.

²¹Clark, Zabin, and Hardy 1984; Finkel and Finkel 1975.

²²National Center for Health Statistics 1987.

²³Sonenstein 1986.

- ²⁴Lerman 1986.
- ²⁵Parke et al. 1980; Parke and Neville 1987.
- ²⁶Lerman 1986; Marsiglio 1986.
- ²⁷Lerman 1986; Marsiglio 1986, 1987.
- ²⁸Marsiglio, 1986, 1987.
- ²⁹Card and Wise 1981.
- ³⁰Elster and Hendricks 1986.
- ³¹National Center for Health Statistics 1987, p. 7.
- ³²Ford Foundation 1989.
- ³³Benson, Williams, and Johnson 1987, cited in Children's Defense Fund 1988 (July).
- ³⁴Source: Hofferth and Hayes, Vol. I, 1987 p. 43.
- ³⁵Billy, Morris, Groff, and Udry 1984.
- ³⁶Benson, Williams, and Johnson 1987, cited in Children's Defense Fund (1988 July).
- ³⁷Ross 1979; Zelnik and Shah 1983.
- ³⁸Zelnik and Shah 1983, p. 65.
- ³⁹Sonenstein 1986, p.34.
- ⁴⁰Source: Sonenstein, Pleck, and Ku 1989a, p.154.
- ⁴¹Clark, Zabin, and Hardy 1984; Finkel and Finkel 1975.
- ⁴²Zelnik and Kanter 1980; Clark, Zabin, and Hardy 1984; Finkel and Finkel 1975.
- ⁴³Jones et al. 1986.
- ⁴⁴Source: Planned Parenthood 1986, quoted in Children's Defense Fund (1988 July) p. 10.
- ⁴⁵Zelnik and Shah 1983; comparisons between blacks and whites only, without economic indicators.
- ⁴⁶Hogan, Astone, and Kitagawa 1985.
- ⁴⁷Source: Sonenstein, Pleck, and Ku 1989b.
- ⁴⁸Moore 1989.
- ⁴⁹Moore and Burt 1982; Sonenstein 1986.
- ⁵⁰Ross 1979; Smiklo 1982; Dryfoos 1985.
- ⁵¹Finkel and Finkel 1975; Smiklo 1982; but see Clark, Zabin, and Hardy (1984) for an opposite finding.
- ⁵²Jones et al. 1986.
- ⁵³Dryfoos, a participant in the study group, has written a much more detailed report on pregnancy prevention programs for males (Dryfoos 1988). Other listings of such programs have been published by the Children's Defense Fund (1988; July) and the National Urban League (1987). The present account draws extensively on these sources.

- ⁵⁴Zelnik and Kim 1982; Sonenstein and Pittman 1984.
- ⁵⁵Kirby 1984; Zelnik and Kim 1982.
- ⁵⁶Scales and Beckstein 1982; Freeman et al. 1980.
- ⁵⁷Dryfoos 1985; Benson, Williams, and Johnson 1987, cited in Children's Defense Fund 1988; Sullivan 1985.
- ⁵⁸Dryfoos 1985.
- ⁵⁹Diller and Hembree 1977.
- ⁶⁰Scales and Beckstein 1982.
- ⁶¹Swanson and Forrest 1987.
- ⁶²Levine and Thornton 1985.
- ⁶³Arnold and Cogswell 1971; Hofferth 1987. Indeed, Dryfoos argues that rigorous evaluations would be extremely difficult, due to the large number of possible confounding factors (1985).
- ⁶⁴Hofferth 1987, p.257.
- ⁶⁵Center for Population Options 1989.
- ⁶⁶The Mott Foundation is currently supporting efforts to pool and disseminate emerging evaluation research on the effectiveness of pregnancy prevention programs.
- ⁶⁷Marsiglio 1987.
- ⁶⁸Ellwood 1986.
- ⁶⁹Furstenberg et al. 1987.
- ⁷⁰Everett 1985.
- ⁷¹Source: Lerman 1986.
- ⁷²Furstenberg 1987.
- ⁷³Wilson 1987.
- ⁷⁴Fainstain 1989.
- ⁷⁵Marsiglio 1987; McLaughlin et al. 1984.
- ⁷⁶See the exchange on this issue between Furstenberg and Vinovskis (1988).
- ⁷⁷Stack 1974; Sullivan 1985.
- ⁷⁸Haskins et al. 1985; Danziger 1988.
- ⁷⁹Furstenberg et al. 1987.
- ⁸⁰Title IV-D of Social Security Act.
- ⁸¹Stack and Semmel 1973.
- ⁸²Haskins et al. 1985.
- ⁸³Rivera-Casale et al. 1984.
- ⁸⁴Everett 1985.
- ⁸⁵Wattenberg 1987; Sullivan 1987; Hofferth 1987.
- ⁸⁶Wattenberg 1987; Sullivan 1985.
- ⁸⁷Kamerman and Kahn 1988.

⁸⁸These studies are reviewed and summarized in Parke et al. 1980 and Parke and Neville 1987; see also Pederson et al. 1979; Furstenberg 1976; Clarke-Stewart 1978.

⁸⁹Hofferth 1987; Furstenberg et al. 1987.

⁹⁰Parke et al. 1980.

⁹¹Furstenberg 1976.

⁹²Furstenberg 1981.

⁹³Sullivan 1985.

⁹⁴Gelles 1986; Bolton and Belsky 1986.

⁹⁵Klinman, Sander et al. 1985.

⁹⁶For listings of other programs for young fathers, see Children's Defense Fund (1988, May) and National Urban League 1987.

⁹⁷Levitan, Mangum, and Pines 1989.

⁹⁸Educational Equity Concepts A and B 1988.

⁹⁹Robert Johnson, personal communication.

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